

LEADerShip at a Glance

CHLNet's "Top Ten" Suggested LEADS Readings¹

This edition of the *Top Ten* is dedicated to the theme of *women in leadership roles in healthcare*. Topics investigated include biases that influence the number of women in healthcare leadership; the influence of gender on perceptions of leadership practice; and individual and organizational factors that can increase the number of, and influence of, women in healthcare leadership.

All these articles are important to CHLNet's vision "*Better leadership, better health – together*" for two primary reasons. First, women predominate in terms of the number of caregivers in healthcare. If gender is a factor in either the practice of, or the acceptance of leadership in terms of creating healthy workplaces and/or stimulating health reform, then understanding gender differences is important. How women perceive leadership – as coming from both men and women – and what the implications are for the practice of leadership – by both men and women – is vital. Second, from an equity perspective, having women have access to and inhabit leadership roles in equal numbers to men is a goal worth pursuing; and yet it is one that has been elusive for many. Understanding the dynamics that mitigate against realizing that goal is fundamental to achieving it.

Brandt, T., and Laiho, M. (2013). [Gender and personality in transformational leadership context: An examination of leader and subordinate perspectives](#). *Leadership & Organization Development Journal*, 34(1): 44-66.

Canadian Journal of Physician Leadership (Fall 2018). [Medical Leadership: Striving for Equity](#), 5(1). Available at: <https://www.cjpl.ca/volume5number1.html>

Elias, E. (2018). [Lessons learned from women in leadership positions: How working women can survive and thrive](#). *Work*, 59(2): 175-181. doi:<https://dx.doi.org/10.3233/WOR-172675>

Ellinas, E.H., Fouad, N., and Byars-Winston, A. (2018). [Women and the Decision to Leave, Linger, or Lean In: Predictors of intent to leave and aspirations to leadership and advancement in academic medicine](#). *Journal of Women's Health*, 27(3): 324-332. doi:<https://dx.doi.org/10.1089/jwh.2017.6457>

Fielding-Singh P., Magliozzi, D., and Ballakrishnen, S. (August 2018). [Why Women Stay out of the Spotlight at Work](#). *Harvard Business Review*. Accessed @ <https://hbr.org/2018/08/sgc-8-28-why-women-stay-out-of-the-spotlight-at-work>

Kubu, C.S. (2018). [Who does she think she is? Women, leadership and the 'B'\(ias\) word](#). *Clinical Neuropsychologist*, 32(2): 235-251. doi:<https://dx.doi.org/10.1080/13854046.2017.1418022>

¹ As recommended by Dr. Graham Dickson (CHLNet Senior Research Advisor) and Kelly Grimes (CHLNet Executive Director).

Promising Practices. (June 2018). [Empowering Women Leaders in Health: Health Care, Health Sciences and Indigenous Health](#). Canadian College of Health Leaders, Telfer School of Business (University of Ottawa), the Canadian Health Leadership Network and Status of Women Canada.

Soklaridis, S., Kuper, A., Whitehead, C.R., Ferguson, G., Taylor, V.H., and Zahn, C. (2017). [Gender bias in hospital leadership: A qualitative study on the experiences of women CEOs](#). *Journal of Health Organization & Management*, 31(2): 253-268. doi:<https://dx.doi.org/10.1108/JHOM-12-2016-0243>

Vanderbroeck, P., and Wasserfallen, J. (2017). [Managing gender diversity in healthcare: Getting it right](#). *Leadership in Health Services*, 30(1): 92-100. doi:<https://dx.doi.org/10.1108/LHS-01-2016-0002>

Wanner, T., and Wadham, B. (2015). [Men and Masculinities in International Development: 'Men-streaming' Gender and Development?](#) *Developmental Policy Review*, 33(1): 15-32.



Brandt, T., and Laiho, M. (2013). [Gender and personality in transformational leadership context: An examination of leader and subordinate perspectives](#). *Leadership & Organization Development Journal*, 34(1): 44-66.

Focus: The impact of gender *and* personality in the perceptions of leadership.

Although there are many studies that examine the role of gender *or* personality in leadership, there are few studies that examine the role of gender *and* personality in leadership. This study explores whether personality traits across genders (i.e. the same personality traits shared by both men and women) exhibit the same kind of leadership behaviour as perceived by those they lead.

Using the theoretical lens of Transformational Leadership, this study examined differences in how exhibited behaviours are interpreted. The researchers looked at 283 men and 176 women leaders in various fields who rated their leadership behaviour and who were then appraised by 378 subordinates to see if the personality traits expressed by the leaders match what was perceived by those they lead. This study found that personality types were equally distributed between the genders; yet women regarded themselves as more enabling and rewarding, and men saw themselves as more challenging. Subordinates' appraisals were consistent with the leaders' self-ratings. The results of this study support social role theory that suggests that women are expected to be helpful, nurturing, and gentle while men are expected to be more assertive, controlling, and confident.

Implications

Results indicated that despite personality type being equally distributed across gender, women were expected to and exhibited enabling leadership styles, whereas men were expected to and did exhibit challenging leadership behaviours. The implication is that men and woman adopt their leadership styles to conform with gender expectations.

Link to LEADS and CHLNet's Mission

Understanding how bias can force men and women to exhibit different behaviour is important for leaders to grapple with in order for them to be able to challenge those biases and ensure others are not similarly shackled. This construct is relative to the domain of *Lead Self* and the capability of "Are self aware".

Canadian Journal of Physician Leadership (Fall 2018). *Medical Leadership: Striving for Equity*, 5(1). Available at: <https://www.cjpl.ca/volume5number1.html>

Focus: Experience of women in medical leadership roles.

The Canadian Society of Physician Leaders (CSPL) publishes a quarterly journal that focuses on topics and issues related to leadership and healthcare. A key focus is the context of physicians and physician leaders. Entitled “Medical Leadership: Striving for Equity”, this edition of the journal is the first in a two-part series that examines diversity and equity in medical leadership.

This volume is dedicated to women physicians and leaders and examines successes, enablers and barriers to increasing gender parity in healthcare leadership positions. Included are the following articles:

- *Editorial: Are we there yet?* by John Van Aerde, MD, PhD;
- *ADVICE: Confidence: a key ingredient in leadership success* by Mamta Gautam, MD, Monica Olsen, and Mary Yates;
- *Perspective: Women and rural physician leadership* by Sarah Newberry, MD;
- *Challenge to change: diversity in leadership* by Constance LeBlanc, MD and Christy Simpson PdD;
- *Opinion: It’s time to use proven methods to improve gender equity in medicine* by Gail Beck, MD;
- *Feminism and medicine* by Laura L. Calhoun, MD;
- *Unlocking the leadership potential of women in medicine* by Virginia R. Roth, MD, Kathleen Gartke, MD, Jacqueline Parai, MD, Lara Khoury, MD;
- *How full is the glass? A perspective on women in medical leadership in Canada* by F. Gigi Osler, MD;
- *Gender diversity in academic medical leadership: are we moving the needle?* by Megan Delisle, MD, and Debrah Wirtzfeld, MD;
- *Increasing the number of women in medical leadership: gender-discrepant perceptions about barriers and strategies* by Laurie Plotnick, MDCM, Samara Zavalkoff, MDCM, Stephen Liben, MD, June Ortenberg, MD, Joyce Pickering, MD, Aimee Ryan, PhD, and Ingrid Chadwick, PhD;
- *Interview: Gillian Kernaghan: inspired by the past, but looking to the future* by Pat Rich;
- *Interview: Kim Kelly: a strong and unwavering voice for women in leadership* by Pat Rich;
- *Stories from our CCPES: Leadership: the evolving journey* by Margaret Steele, MD; and
- *Book Review – How women rise: break the 12 habits holding you back from your next raise, promotion, or job* by Sally Helgesen and Marshal Goldsmith, Hachette Books, 2018.

Implications

This volume exemplifies the importance of ensuring gender equity in leadership to improve organizational performance and drive better health for service recipients. It also shows the breadth of the issue in that there are myriad approaches that need to be taken to create the conditions for women to occupy leadership positions.

Link to LEADS and CHLNet’s Mission

Each article highlights elements of LEADS that characterize the practice of medical leadership by women; or how women’s leadership models the domains and capabilities.

Elias, E. (2018). Lessons learned from women in leadership positions: How working women can survive and thrive. *Work*, 59(2): 175-181. doi:<https://dx.doi.org/10.3233/WOR-172675>

Focus: Experience of women in senior leadership roles.

Eileen Elias has decades of experience in leadership positions within government and non-governmental organizations. As the first female Commissioner for Mental Health in the Commonwealth of Massachusetts and the US in the early 1990s, Elias gained experience on navigating gender-based challenges to attain recognized performance outcomes.

In this article, Elias profiles a comprehensive research of literature from 2012 through 2017 and interviews women leaders in academia, research, non-profit, for-profit, and primary and secondary education. Some interviewees included Valerie Fletcher, Executive Director at the Institute for Human Centered Design, Christine James-Brown, President and CEO of the Child Welfare League of America, Dr. Daria Mochly-Rosen, Professor and Fellow, Chemical and Systems Biology at the Stanford University School of Medicine and Dr. Eileen O’Keefe, Clinical Associate Professor and Director, Boston University Health Sciences. Elias provides a comprehensive understanding of key women leaders’ lessons learned and offers recommendations for young women as they assess leadership opportunities in the public or private sectors.

Implications

This paper provides a good overview of the challenges that women face as they work in leadership positions dedicated to advancing the public good. It offers women strategies and tactics for overcoming obstacles, and to guide their practice of both personal and organizational leadership.

Link to LEADS and CHLNet’s Mission

Both individual factors – attitudes and beliefs – and organizational factors determine how successful women can be in moving into leadership positions. The *Lead Self* domain of LEADS is relevant to the first of these. The article also provides guidance as to how “strategic and tactical lessons learned” – consistent with the other four domains of LEADS – can be put into practice. Lessons learned from these senior women leaders can be built into LEADS leadership development programming

Ellinas, E.H., Fouad, N., and Byars-Winston, A. (2018). Women and the Decision to Leave, Linger, or Lean In: Predictors of intent to leave and aspirations to leadership and advancement in academic medicine. *Journal of Women’s Health*, 27(3): 324-332. doi:<https://dx.doi.org/10.1089/jwh.2017.6457>

Focus: Lessons learned from the experience of women in university leadership positions.

The Association of American Medical Colleges continues to report low rates of female faculty in professorial and leadership positions despite efforts to increase their representation. In addition to staff attrition and gender discrimination as reasons for their exclusion, recent literature suggests that woman’s professional motivations, ingrained behavior, and perceptions of organizational support may also play a role.

In order to gauge the reasons why women may not be advancing to leadership positions, the authors employed a rigorous research method to assess predictors (role strain, work-life balance, and organizational climate) for three outcome variables: seeking promotion, seeking leadership, and intent to leave. Survey results from 614 faculty members indicated that gender significantly influenced both

promotion and leadership seeking, but not intent to leave. Another finding was that perceived work-family conflict was negatively correlated with leadership seeking for women, but not for men. Positive views of organizational support and commitment were associated with promotion seeking and persistence for all participants. Role strain was positively correlated with desire for promotion and leadership, as well as with intent to leave.

Implications

Female faculty may not be leaning in to promotion and leadership roles because of increased role conflict, work-life concerns, and organizational factors. Work-family conflict affects male and female faculty differently and should be addressed in efforts to retain faculty and to remove barriers for female faculty seeking leadership opportunities.

Link to LEADS and CHLNet's Mission

The many factors that impact women seeking leadership positions requires an understanding of all the barriers – personal and organizational – that exclude women from leadership positions. LEADS leaders need to examine those factors to see the implications for how one exercises personal leadership (*Lead Self*), or how one leads in an organizational or systems context (*Engage Others, Achieve Results, Develop Coalitions, and Systems Transformation*).

Fielding-Singh P., Magliozzi, D., and Ballakrishnen, S. (August 2018). Why Women Stay out of the Spotlight at Work. Harvard Business Review. Accessed @ <https://hbr.org/2018/08/sgc-8-28-why-women-stay-out-of-the-spotlight-at-work>

Focus: Factors that limit women from taking on high profile leadership roles.

In 2013, the authors interviewed women participating in a professional development program with the Clayman Institute for Gender Research at Stanford University. Women interviewed reported that they thought they might be penalized for engaging in behaviours that were associated with masculinity, such as exercising assertiveness or interjecting during a meeting. Secondly, many women in the study felt that self-promotion and taking credit for successes – an aspect of visibility in the workplace – did not feel as authentic to them as quietly leading and assuming a communal style leadership role. Invisibility allowed women to be their authentic selves in the workplace, whereas being highly visible felt inauthentic. Lastly, the women spoke of the often uneven workload at home, in regards to childcare and family life, as motivation for invisibility. The pressures put on them at home discouraged them from pursuing some ambitions and risks at home.

The authors suggest that in order for women to enjoy equal opportunity for professional advancement, there needs to be a redesign of organizations so that different forms of leadership are embraced, the risks of visibility to women are lessened through a change in workplace culture, and organizations should recognize family demands.

Implications

Organizations and leaders can promote gender equality by changing workplace culture to align with gender-egalitarian values, embracing less visible styles of leadership in addition to visibility, and implementing policies that ease family demands, such as workplace childcare.

Link to LEADS and CHLNet’s Mission

Building inclusive leadership means having leaders exert their influence from an authentic and valorized place: consistent with the “Develop character” capability of *Lead Self*. Other organizational practices outlined in this article reflect capabilities of *Engage Others* and *Achieve Results*.

Kubu, C.S. (2018). Who does she think she is? Women, leadership and the ‘B’(ias) word. *Clinical Neuropsychologist*, 32(2): 235-251. doi:<https://dx.doi.org/10.1080/13854046.2017.1418022>

Focus: The gender double bind – leader, woman, or both?

This article explores why women are under-represented in leadership roles despite their increasing representation in professional fields and identifies potential explanations for the gender gap in leadership. By reviewing academic literature with respect to gender roles, leadership, and organizational expectations; gender differences in leadership; and the potential role of second generation, the authors found that women are as effective as male leaders in a variety of organizational settings. However, women are put into a double bind: maintenance of their gender role may result in a failure to meet the requirements of a leader role; whereas conforming to a leader role may result in the failure to conform to their gender role. The authors also note that implied bias also influences women’s leadership opportunities. There are strong expectations that women will engage in more altruistic organizational citizenship behaviors or be penalized if they do not. The authors state that differences in ability do not account for the gender gap in leadership. In summary, cultural factors, including gender role and leadership expectations, organizational demands, and second-generation bias, impact women’s ability to lead. Pragmatic recommendations to increase women’s influence and representation in leadership are provided.

Implications

This article outlines some of the cultural and organizational barriers that impact women more than men and could possibly explain their underrepresentation in key leadership positions. Women have the same leadership style as men, however, unlike men, they also expect themselves, and are expected by others, to be more altruistic in their practice of leadership. Thus behaviour that is incongruent to those expectations is overly-penalized.

Link to LEADS and CHLNet’s Mission

Gender bias is an element of *Lead Self*. Organizational conditions – primarily relative to the exercise of the capability of “Contributes to the creation of a healthy organization”; and secondarily to the other capabilities of *Engage Others* and *Achieve Results* – are relevant to this article.

Promising Practices. (June 2018). [Empowering Women Leaders in Health: Health Care, Health Sciences and Indigenous Health](#). Canadian College of Health Leaders, Telfer School of Business (University of Ottawa), the Canadian Health Leadership Network and Status of Women Canada.

Focus: Systemic approaches to improve gender equality in leadership.

This report asserts that practices intended to encourage women’s leadership have traditionally been focused more on what they can do as individuals rather than the role of organizations, teams and society in increasing women’s leadership. Subsequent success is therefore limited.

The authors argue that a comprehensive approach that accounts for the broader context is needed to drive systemic change to increase leadership from women and transform healthcare. Through the *Empowering Women Leaders in Health* (EWOLiH) project, the researchers provide toolkits intended to increase women’s participation, visibility, and advancement in leadership positions. They also show how increasing women’s participation can enact systemic change in healthcare contexts.

This report outlines two sets of toolkits – one for health science and one for healthcare – which are each composed of twelve *Promising Practices*. The *Promising Practices* focus in on drivers and barriers of change at the individual, organizational/team, and societal level in order to enact a whole system change.

Implications

Each toolkit of *Promising Practices* offers healthcare leaders insight into the barriers women face in moving into leadership roles, as well as providing recommendations to overcome those barriers. Further, this report states that enacting these *Promising Practices* and increasing women’s participation in leadership will cause a positive system change.

Link to LEADS and CHLNet’s Mission

LEADS leaders need to examine the toolkits to see the implications for how one exercises personal leadership (*Lead Self*), or how one leads in an organizational or systems context, (*Engage Others*, *Achieve Results*, *Develop Coalitions*, and *Systems Transformation*). As appropriate, *Promising Practices* should be integrated into LEADS programming.

Soklaridis, S., Kuper, A., Whitehead, C.R., Ferguson, G., Taylor, V.H., and Zahn, C. (2017). Gender bias in hospital leadership: A qualitative study on the experiences of women CEOs. *Journal of Health Organization & Management*, 31(2): 253-268. doi:<https://dx.doi.org/10.1108/JHOM-12-2016-0243>

Focus: Experience of women in senior leadership roles.

This paper examines the experiences of gender bias among women hospital CEOs. It also explores what female leaders attribute to their success within a male-dominated leadership milieu. The study involved 12 women hospital CEOs from across Ontario, Canada who were interviewed about their experience of gender and leadership.

Responses categorized the participants into two groups: the first group were represented by the statement “Gender inequality is alive and well” while the second group reflected the statement “Gender inequity is not significant, did not happen to me, and things are better now”. The second group contained a sub-group with no consciousness of systemic discrimination, claiming that they had had no gendered experiences in their leadership journey. The first group described gender issues in various contexts, from the individual to the systemic. The second group was ambivalent about gender as a factor impacting leadership trajectories.

Implications

This study reveals how difficult it is for some women CEOs to identify gender bias. For some, women’s leadership has become detached from feminism. If females cannot detect the subtle everyday norms and practices within the workplace that contribute to a gender bias then they cannot understand how it might affect a woman’s career path and thus challenge the bias.

Link to LEADS and CHLNet’s Mission

This article directly reflects the *Lead Self* domain and the capabilities of “Are self-aware” and “Develop themselves”.

Vanderbroeck, P., and Wasserfallen, J. (2017). Managing gender diversity in healthcare: Getting it right. *Leadership in Health Services*, 30(1): 92-100. doi:<https://dx.doi.org/10.1108/LHS-01-2016-0002>

Focus: Gender diversity in teams and organizations.

This article explores the topic of gender diversity and its application to teams and organizations. The authors describe challenges team leaders and leaders of healthcare organizations face in managing gender diversity. The authors posit that more must be done to help leaders master these challenges in order to ensure diverse teams and organizations can be more productive.

The article is divided into two parts: it first examines the causes of gender diversity and presents a model for effective management of diversity in teams. The second part looks at gender diversity at an organizational level and explores the effects of the “leaking pipeline”, “glass wall” and “glass ceiling” that prevent healthcare organizations from leveraging the potential of female talent.

Implications

The authors propose a model developed for intercultural teamwork as a framework for leveraging gender diversity for better team productivity. Applying the “how to” ideas and recommendations from this general review will help leaders of health-care organizations gain a better return on investment from their talent development as well as increase the productivity of their workforce.

Link to LEADS and CHLNet’s Mission

This article speaks to the *Engage Others* domain of LEADS, in particular, the “Build teams” capability. It also addresses the “Contribute to the creation of healthy organizations” capability.

Wanner, T., and Wadham, B. (2015). [Men and Masculinities in International Development: ‘Men-streaming’ Gender and Development?](#) *Developmental Policy Review*, 33(1): 15-32.

Focus: Experience of women in senior leadership roles.

This article explores the topic of men-streaming – the inclusion of men in gender equity development policies and practices – and whether there has been tangible involvement of men in gender justice and equality issues since the importance of men-streaming has been espoused. The authors note that inclusion of men in gender development is critical to the success of those initiatives rather than a focus solely on the women themselves.

The authors of this study seek to determine the level of progress that has been made in the uptake of men and masculinities into the field of international gender and development policies and practices by examining gender and development policies to see if they have made progress in men-streaming. The authors argue that there has been no progress integrating men into gender-equality development initiatives and offer recommendations on how to involve men more. For instance, the authors suggest that men’s involvement should be based on a relational notion of equality – that the difference in men’s and women’s social and cultural experiences must be understood by men as a precursor to their greater involvement in gender equity issues. The authors also note that there is substantial resistance by males

to being included in gender and development as it challenges their masculine identity and patriarchal benefits. Further research on how to overcome these barriers is needed.

Implications

A key precursor to increasing gender equity is the involvement of men in gender and equity efforts. Involving men may be difficult, as they may struggle to understand the issue or actively oppose efforts at gender equality as it threatens their domain of leadership. A leader in the healthcare context needs to find ways to involve men and women in gender equity issues and show the mutual benefits of increased equity in leadership roles.

Link to LEADS and CHLNet's Mission

Gender equity has been assumed in the articulation of the domains and capabilities of the LEADS framework. The research team was gender balanced. However, as LEADS is evergreened, looking at it from a gender equity lens is vital to its ongoing value to both men and women.